

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

2008 MAY 21 PM 12:54

STEPHANIE LYNN FORD

Plaintiff

v.

CHRISTIANA CARE HEALTH SYSTEMS,Defendant(s)  
RICHARD BURTON, AND CLARA CLARK.APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER: 06-301 (MPT)

I, STEPHANIE LYNN FORD declare that I am the (check appropriate box) Petitioner/Plaintiff Movant  Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No" go to Question 2)

If "YES" state the place of your incarceration \_\_\_\_\_

**Inmate Identification Number (Required):** \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

**Attach a ledger sheet from the institution of your incarceration detailing all transactions over the past six months.**

2. Are you currently employed?  Yes  No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

STATE OF DELAWARE  
CHRISTIANA SCHOOL DISTRICT 19911  
WAGES #1,062.27 ← 83 EAST MAIN ST. NEWARK, DE

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

2nd Job  
ALLIED  
BARTON  
SECURITY  
824 NORTH  
MARKET  
STREET  
WILM, DE  
19821  
WAGES  
\$10.00 per  
hour  
at 32 hours  
per  
week.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts?  Yes  No

If "Yes" state the total amount \$ 100 00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

PROPERTY VALUED AT \$102,000  Yes  No

If "Yes" describe the property and state its value.

MY PROPERTY AT 19 ALBANY AVE NEWCASTLE, DELAWARE 19720  
VALUED \$102,000

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

MY DAUGHTER IS DEPENDENT ON MY SUPPORT,  
SHE IS 14 YEARS OLD.

I declare under penalty of perjury that the above information is true and correct.

5/21/08  
 DATE

Stephanie S. Ford  
 SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.